ANNUAL REPORT 2000

CENTRAL DISTRICT HEALTH DEPARTMENT

SERVING THE PEOPLE OF ADA, BOISE, ELMORE & VALLEY COUNTIES

YOU CAN'T GO THROUGH A DAY WITHOUT THE POSITIVE EFFECTS OF PUBLIC HEALTH.

An annual report is a summary of an agency's activity through the year. This report will expand on that by including progress made on Central District Health Department's (CDHD) 1999 to 2000 Strategic Plan.

Strategic planning is the continuous, systematic process of evaluating the nature of an agency by identifying long-term goals, defining quantifiable objectives, developing strategies, and evaluating progress toward those goals. A very important piece of strategic planning that is commonly overlooked is the allocation of resources. As a public agency with multiple funding streams, fiscal accountability is of the utmost importance. We take very seriously our responsibility to manage public funds wisely and within the law. To this end, we are pleased to report that in 2000, CDHD received a clean audit with no findings or recommendations.

In addition to highlighting successes and analyzing shortcomings of the past year, this annual report provides a summation of progress achieved towards the goals of the last strategic plan. The first portion of the report looks at the three broad goals of the 1999 – 2000 Strategic Plan. The next section reports on each of the 13 indicators used in that plan, as well as the current level of surveillance activities. The indicators were selected from a list recommended by the Centers for Disease Control and Prevention (CDC) as factors that should be monitored by all states and local communities.

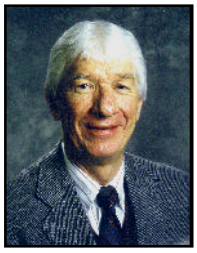
The 1999 – 2000 Strategic Plan was closely aligned with the national *Healthy People 2000* standards. We report on this plan and look to the future with the goals and benchmarks of *Healthy People 2010* in our sights. More information about CDHD's services and activities, as well as links to *Healthy People,* can be found on the Internet at www.cdhd.org.

Board of Health

Anne Payne, R.N., Ed.D.
Board Chair
Chair, Dept. of Nursing, BSU
Representing Ada County
(2000)

Martin Gabica, M.D.
Family Practice Physician
Representing Ada County
(2001)

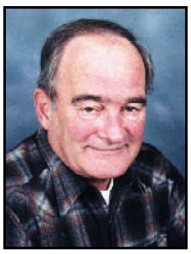
David Bergh
Businessman
Representing Elmore County
(2001)



Bill Wheeler
Pharmacist & Businessman
Representing Valley County
(2000)

Leslyn Phelps
CEO, Glenns Ferry Health Center, Inc.
Representing Elmore County
(2003)

Jane Young, R.N. M.S.N., C.R.N.P
Family Nurse Practitioner
Representing Ada County
(2002)



John Dyer
Businessman
Boise County Commissioner
Representing Boise County
(2004)

MESSAGE FROM THE DIRECTOR

Dear Citizen:

This Annual Report reviews the progress made toward achieving the goals of our 1999-2000 Strategic Plan. This is part of the continuous process of systematically evaluating the nature of the agency, focusing energies on a limited number of goals, breaking down goals into long-term objectives, assessing strategies to reach these objectives, and evaluating the allocation of resources to carry out these strategies. It is helpful to understand the nature of our business in order to evaluate our plan. Public health practice is the application of a variety of sciences aimed at protecting the public's health and promoting healthy lifestyles. The application of public health principles has increased both the lifespan and the quality of life of each citizen in our community.

A child's handprint is used throughout the report to highlight principles for the goals from our 1999-2000 Strategic Plan. Limiting our scientists and educators to five principles for each goal encourages us to concisely articulate the main take-home message. It is our hope that you learn something new or think about a practice you can change to improve your health as a result of reading this report.

Accountability is the reason for writing an annual report and a strategic plan. The 1999-2000 Strategic Plan was built around thirteen outcome indicators. These indicators can be measured against national and state rates and the past performance of our health district. We strive to provide accurate, reliable, understandable, and timely information on the health status of our community and the action we are taking to improve that health status.

We expect you to hold us to the highest standards of practice. As we make decisions that affect the public's health, we seek out and apply the most current scientific knowledge. We value your comments and would appreciate hearing from you regarding this report.

Sincerely,

Kathy A. Holley
Director

1999-2000 Strategic Plan, Goal #1: Increase the childhood immunization rate for children 0 to 2 years of age to 90%.

District IV continues to strive towards a 90% immunity rate in our 0 to 2 year old population. The fact that this goal is repeated in our 2001-2003 Strategic Plan does not mean we have not been successful but instead it reinforces our commitment to continue our work until the goal is met. In fact, when this goal is attained the focus will be on maintaining an immunization rate of 90% or greater in our 0 to 2 year old population.

IMMUNIZATIONS

Illustrated in figure 1 below, it is clear that CDHD has struggled to increase the rate of appropriately immunized children, two years of age, within our own clientele. Our information technology staff has developed a state of the art immunization registry and we have successfully maintained partnerships with physicians, hospitals, schools, and child care providers all in a concentrated effort to assure appropriate vaccination levels within the community. Our immunization staff is committed to providing the highest level of care but the numbers have consistently shown that we were missing the mark. It finally became evident that we had a major problem with the quality and accuracy of documentation in our record keeping.

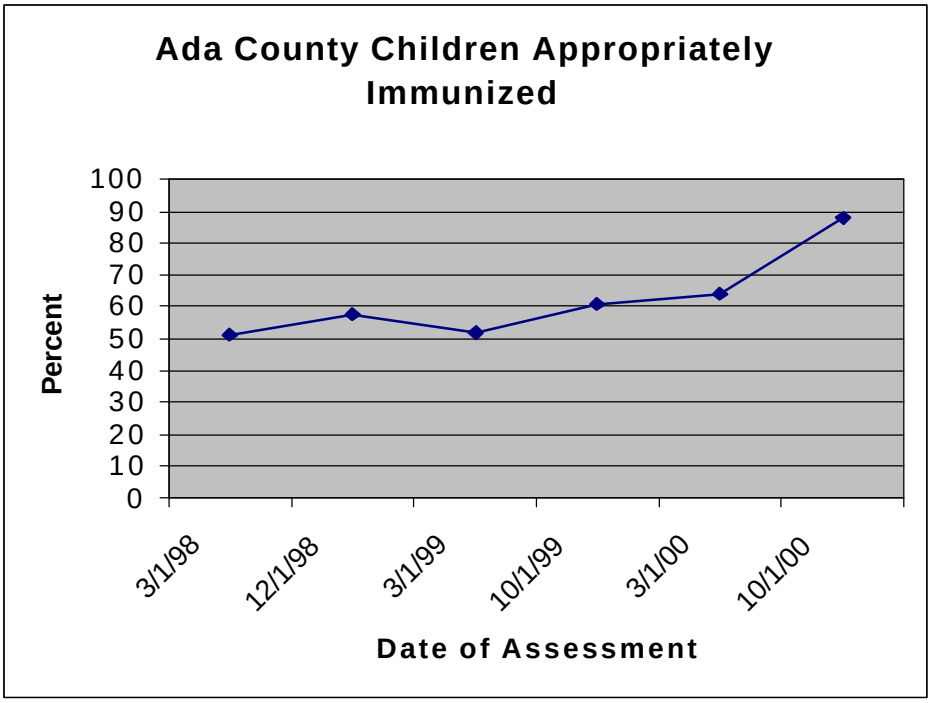


Figure 1

We made the decision to tackle the arduous task of examining each individual immunization record and researching any deficiencies and correcting them. We also used the registry to research the immunization record of a child who had followed up with a different provider. We then sent recall letters to parents and, if necessary, made phone calls to schedule appointments. The immunization staff did an excellent job of completing this exacting task and manually examining an estimated 60,000 records while keeping up with the daily responsibilities of their jobs.

This intensive effort to clean up our immunization records has proven to have been an effective training tool. Our staff became very aware of common documentation mistakes. They also became more cognizant of the overall effect of missed opportunities to appropriately immunize each child. To improve the accuracy of documentation, a full-time quality control position was created. Figure 2 illustrates how attention to detail and an active reminder /recall system has been effective in our Women, Infants, and Children (WIC) Program.

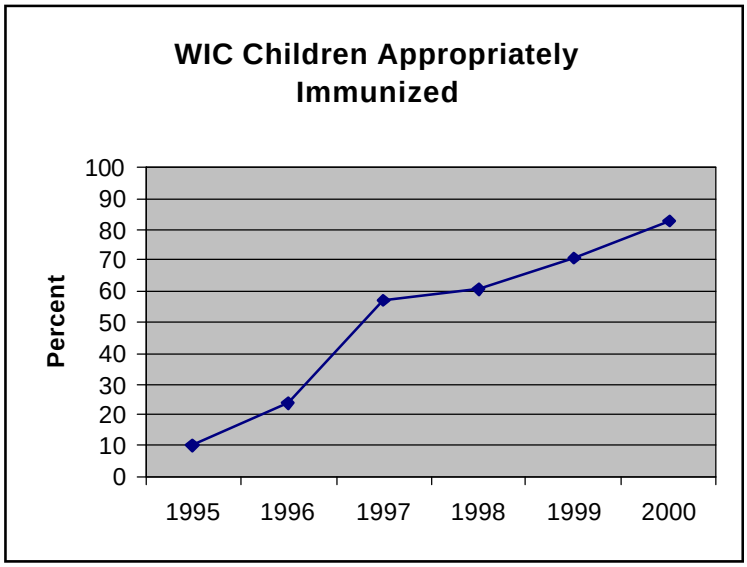


Figure 2

Information technology staff developed a secure, web-based registry called ImmuNET. They will however continue to support our system-based immunization registry. An average of 3,500 records of newborns are added to the system annually. With parental or client consent, each immunization record is then placed in the statewide Idaho Reminder Information System (IRIS). Electronic access to their child's immunization history helps parents and health care providers keep track of the vaccinations received, resulting in fewer missed opportunities towards achieving a 90% immunization rate.

5 Immunization Visits by Age 2

Educate and Serve As A Resource

ImmuNET / Registry Reminder System

Take advantage of every opportunity to vaccinate when children are seen by health care providers.

Healthy Children Are Our Future

These five points and beliefs are tantamount in achieving and sustaining a 90% immunity level within our community. The effort must be made by each of us who interact with children and their families. Recent pertussis outbreaks in Idaho point to the necessity of our vigilance against vaccine preventable diseases now and in the future.

Strategic Plan 1999 – 2000, Priority #2: Improve the food protection program to decrease illnesses associated with food establishments.

Foodborne illnesses are under-reported, not just in District IV, but in the nation as a whole. The number of people calling to report possible foodborne illness is dependent upon what is happening in the community or the nation. Figure 3 illustrates the effect that itinerant events can have on the number of complaints or reports received. The Boise River Festival is held in June, the Western Idaho Fair, in August, and Art in the Park, in September. The number of foodborne illness complaints is consistently higher around the time of these events. Additionally, if there is a major local foodborne illness outbreak, more people will call with concerns. The spike in August 1999 (figure 3) corresponds with a large outbreak that received coverage by local media.

FOOD PROTECTION

CDHD's environmental health staff has long realized the importance of critical food safety issues and has focused on these items during facility inspections. The Food and Drug Administration (FDA) has identified five broadly categorized risk factors that contribute significantly to the incidence of foodborne illness. These risk factor categories are:

1. Food from unsafe sources
2. Inadequate cooking
3. Improper holding (storage) temperatures
4. Cross contamination
5. Poor personal hygiene

At CDHD, we have observed these five critical items more than 62% during our routine inspections over the last three years. During 2000, staff conducted 2,074 inspections in 1,950 establishments. The total number of critical items noted was 1,328. This risk-based performance approach is effective but more difficult to standardize for both inspectors and industry. Guided by these five critical areas, we will be working closely with the food service industry towards solutions to procedural and practical problems that are far more difficult to manage than the previous emphasis on the cleaning and maintenance of equipment.

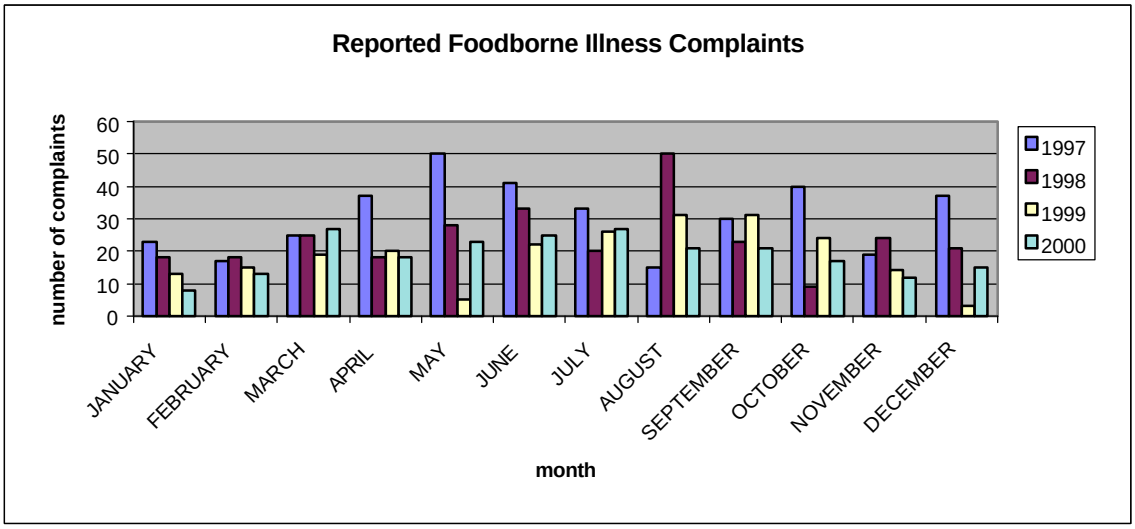


Figure 3

A baseline assessment of District IV food establishments will be conducted in the coming year so that CDHD's findings may be compared to the recently published national baseline. Staff will continue to stress the five critical items during facility inspections, food safety training sessions, and through newsletters.

The cross over effects of public health efforts can be seen in the declining incidence of hepatitis A. The focus on the five critical areas, coupled with the availability of hepatitis A vaccine in 1995, has had a dramatic impact on the incidence of hepatitis A in District IV. Although there are many factors, the difficult task of addressing personal hygiene issues with food service workers directly impacts the decline of hepatitis A, shown in figure 4.

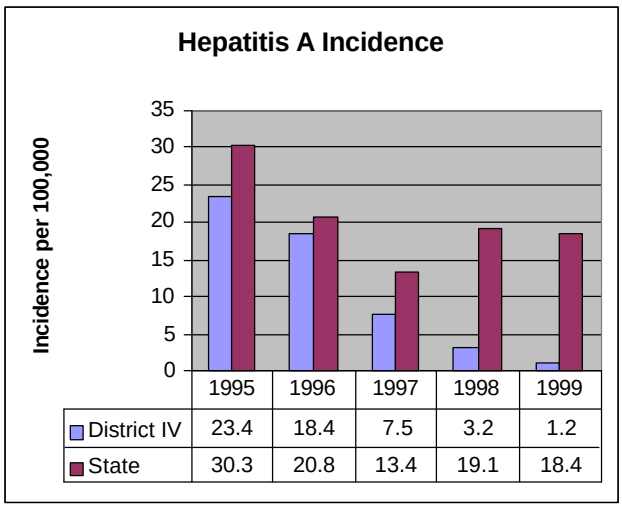
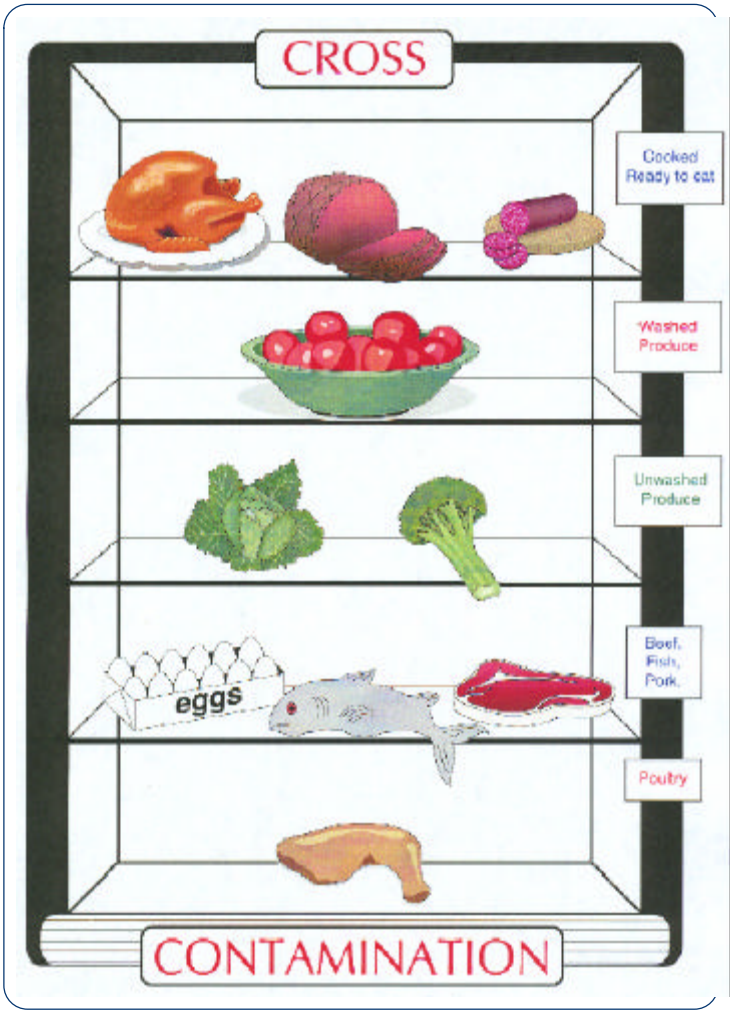
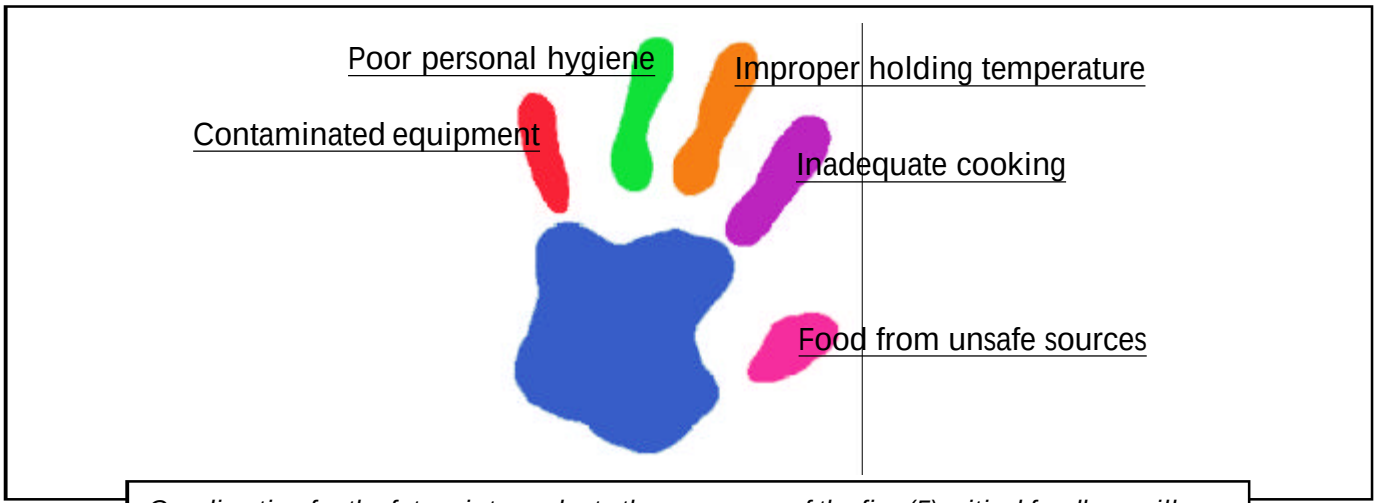


Figure 4



Cross-contamination:

(The transfer of disease causing organisms to ready-to-eat foods.)



Our direction for the future is to evaluate the occurence of the five (5) critical foodborne illness risk factors as identified by the FDA. We recognize that the level of foodborne illness would be the ideal retail food program indicator. The occurrence of foodborne illness, however, is grossly underreported which makes it an unreliable program measurement.

1999-2000 Strategic Plan, Goal #3: Determine the baseline level of enteric "diarrheal" disease and the major pathways of spread for our community by initiating an "enteric active surveillance project."

We continue to pursue the development of a viable enteric active surveillance project. The intent of the project is to provide an easy, low-cost method of testing individuals presenting, at physician's offices, with diarrheal illness. In formation provided by a network of participating clinics would provide us with a baseline of enteric, or intestinal, illness within the District. These clinics would also serve as an early warning system to alert us to clusters and outbreaks of illness. In 1999, a pilot project was conducted. Numerous problems and stumbling blocks were revealed. CDHD staff and a student studying towards a Masters Degree in Public Health have been working to resolve these issues. The State Laboratory and the State Epidemiologist continue to be supportive of the project as we work and re-work the logistics.

In the same vein, CDHD has become very involved with other community organizations in the areas of disaster preparedness, bioterrorism response, and weapons of mass destruction awareness. These organizations have provided insight into other forms of surveillance that may be more beneficial and comprehensive than the enteric surveillance project we have been pursuing. We are researching early warning systems, such as syndromic surveillance, and the feasibility of establishing this type of system in our District. Such a system would build on the cooperative network between our health district, hospitals, and agencies that are already involved in community disaster preparedness.

Similar to foodborne illness, enteric illness is also grossly under-reported not just in District IV and across the nation. Figures 5 and 6 show the peaks in illness, which indicate outbreaks and periods of increased testing in the community. Interrupting the spread of the disease and determining the source are the keys to limiting the impact of enteric illness.

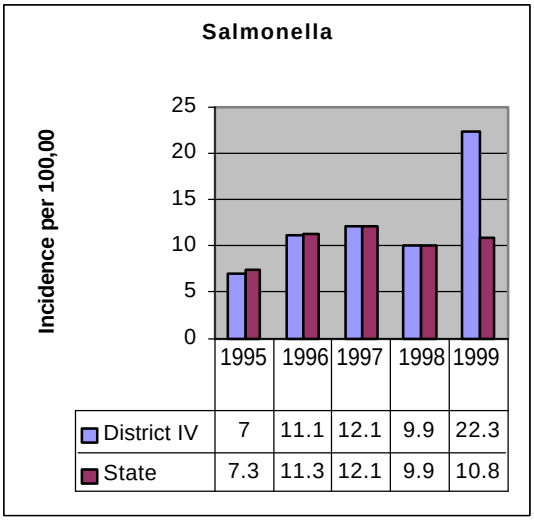


Figure 5

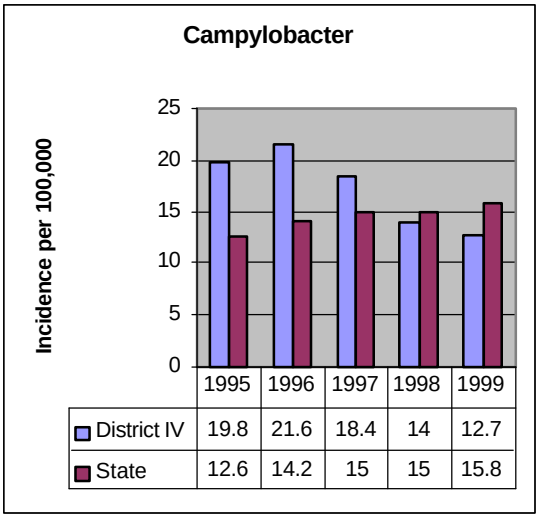


Figure 6

SURVEILLANCE

Improved surveillance and continued education are instrumental in protecting public health. The ability to analyze spatial data is a key component to developing our surveillance capabilities. The District is committed to increasing the use of Geographic Information Systems (GIS) to analyze and display data. GIS is a powerful tool that will greatly enhance our surveillance capabilities. By designating one computer for GIS and building our software library we have set the framework for increased GIS use. Continuing to train our staff in GIS, particularly in the area of public health, will further strengthen the public health infrastructure. The power of this technology is shown in figure 7 below.

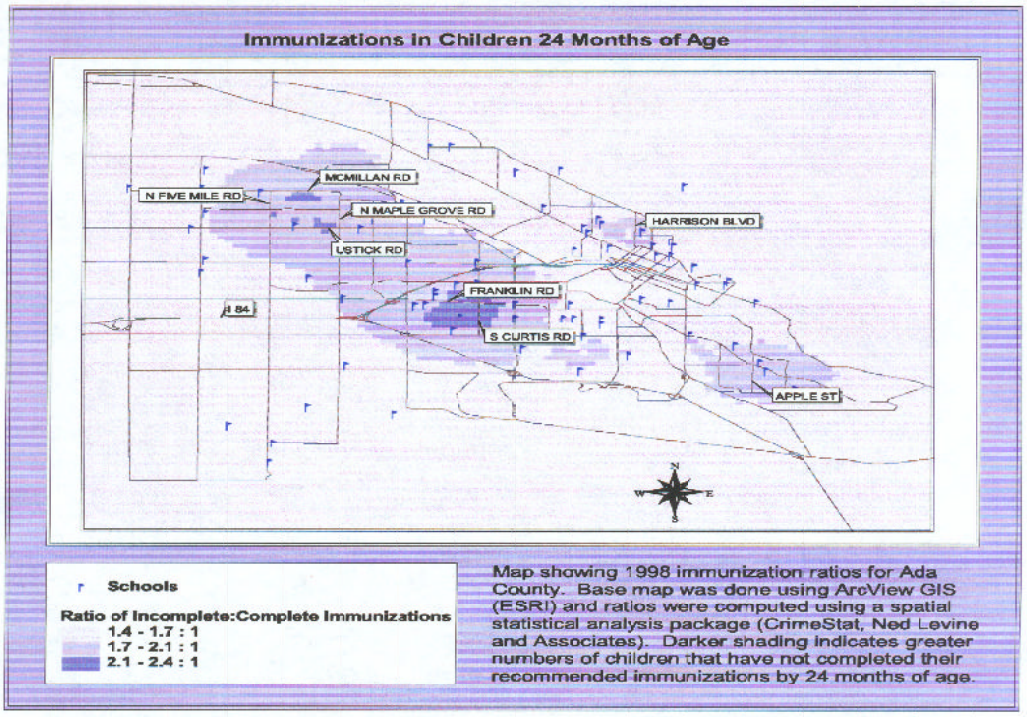
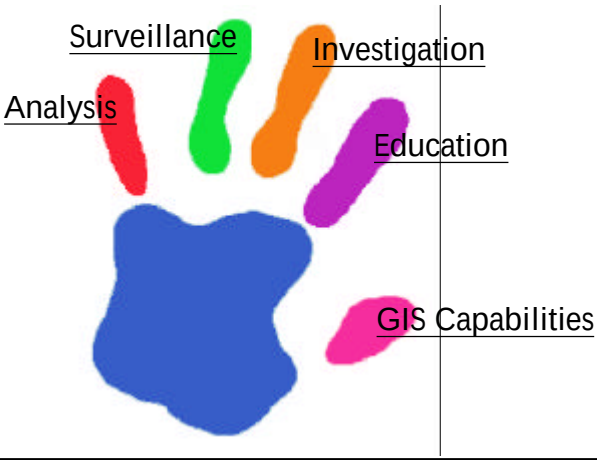


Figure 7

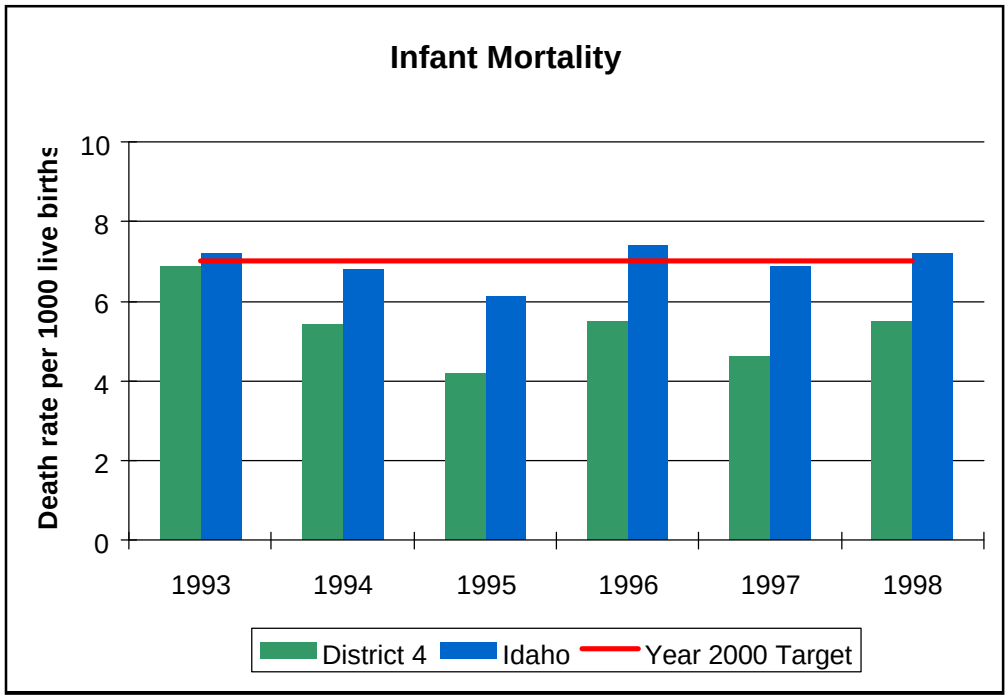


The five activities on the fingers of this hand are integral components of a strong public health infrastructure. Without these activities public health as we know it would not exist. "What gets measured gets done."

Progress Towards The Community Health Status Indicators Of Central District Health Department's 1999—2000 Strategic Plan

The 13 indicators for our 1999-2000 Strategic Plan are explored in this section. Data has been updated when possible. Many of the indicators show data only through 1997 because they are age-adjusted rates. The Idaho Department of Vital Statistics adjusts the data only every three years. Due to a 12-month delay for compilation, comparable data for these indicators will not be available until 2002.

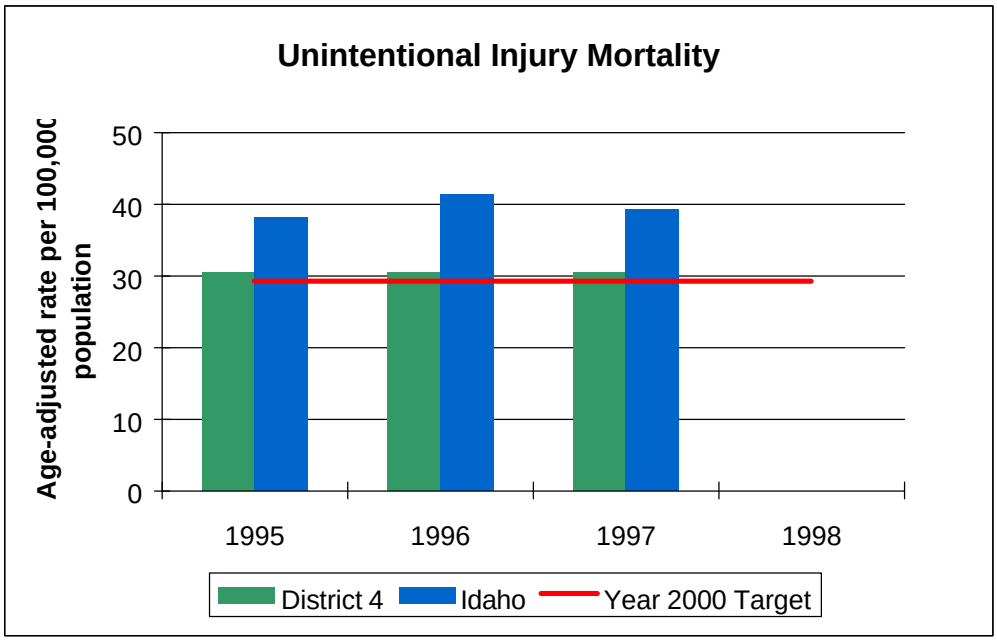
District IV devoted the final section of the 1999-2000 Strategic Plan to surveillance activities. In the past few years, CDHD has greatly enhanced surveillance activities and the number of indicators tracked. The Health Status Report 1999 – Data Analysis Book provides all statistical information about each indicator. The Data Analysis Book is available in hard copy at Central District Health Department for $22.00 or on-line at www.cdhd.org .



***Healthy People 2000* Objective 14.1:**

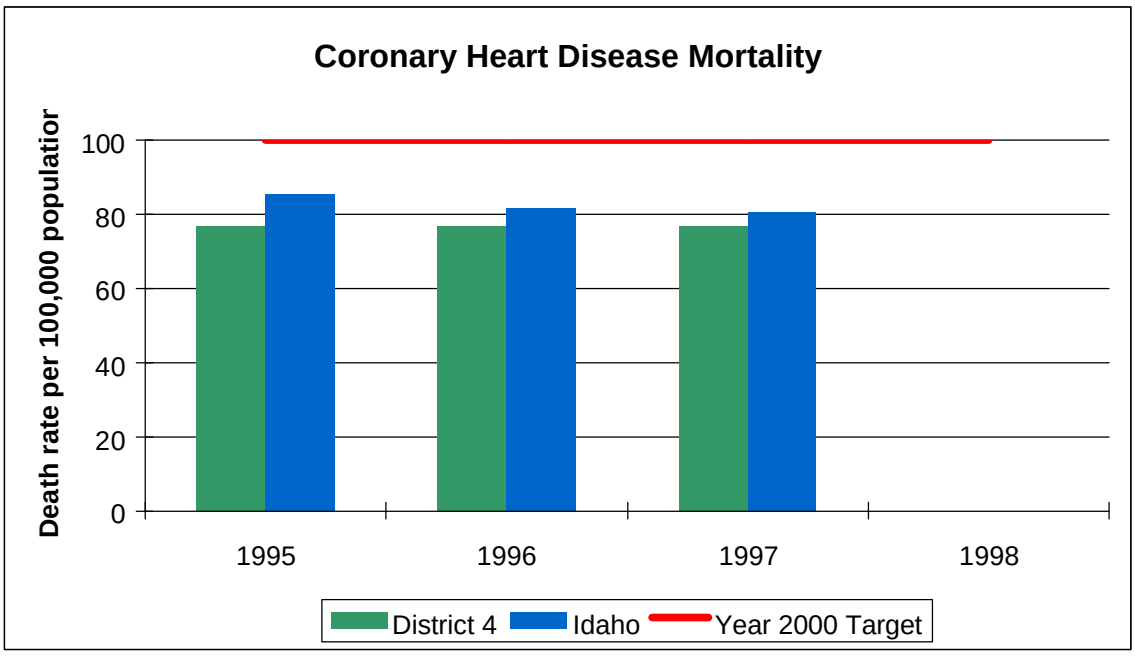
Reduce the infant mortality rate (deaths of infants under one year of age) to no more than 7 deaths per 1,000 live births.

1999 data is not yet available from Vital Statistics.



***Healthy People 2000* Objective 9.1:**

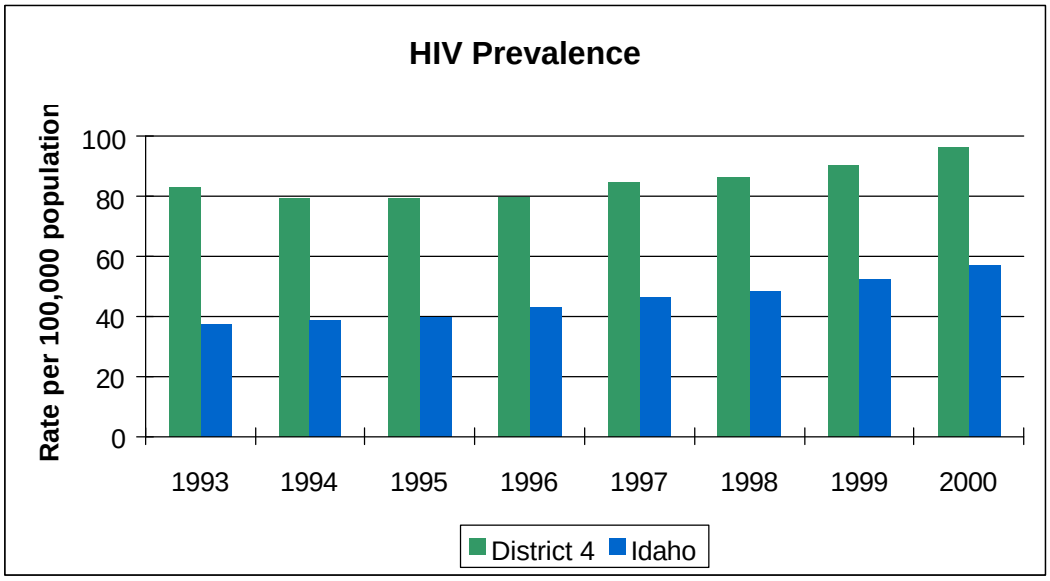
Reduce deaths caused by unintentional injuries to no more than 29.3 per 100,000 people. Age adjusted rates not available until 2002



Healthy People 2000 Objective 15.1:

Reduce coronary heart disease to no more than 100 per 100,000 people.

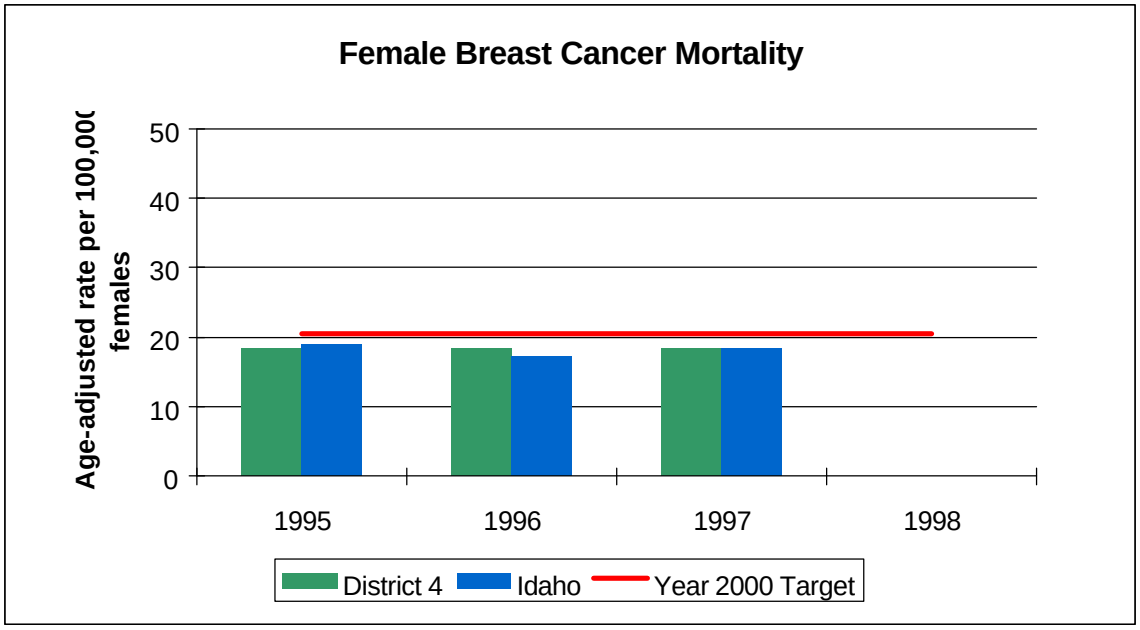
Age adjusted data not available until 2002.



Healthy People 2000 Objective 18.2:

Confine the prevalence (total number of cases) of HIV infection to no more than 800 per 100,000 people.

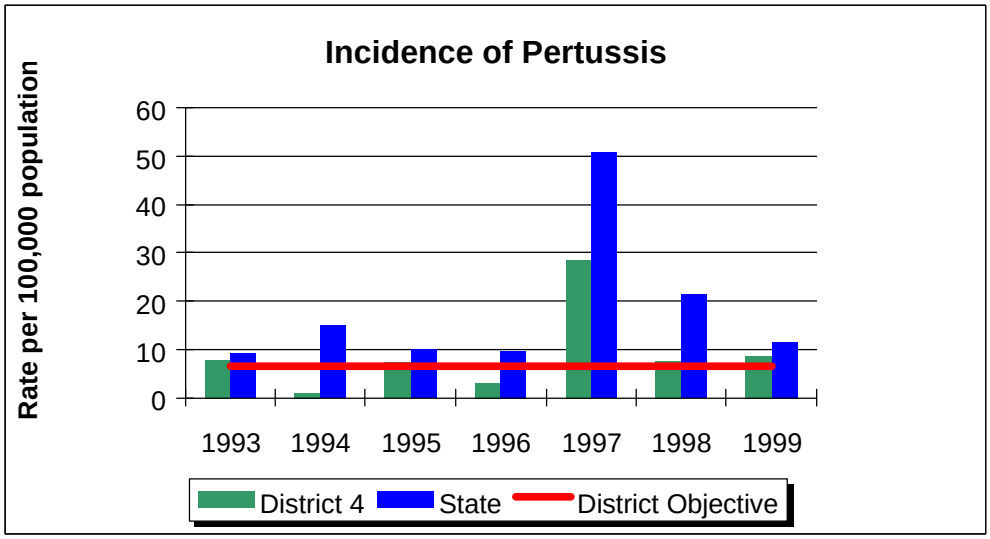
People with HIV infection are receiving treatment and combination drug therapy, allowing them to live longer, healthier lives. For this reason, the prevalence (total number of existing cases) continues to increase in both District IV and the State. In the future, the indicator we will use to look at HIV will be incidence, or total number of new cases of HIV infection.



Healthy People 2000 Objective 16.3:

Reduce breast cancer deaths to no more than 20.6 per 100,000 women.

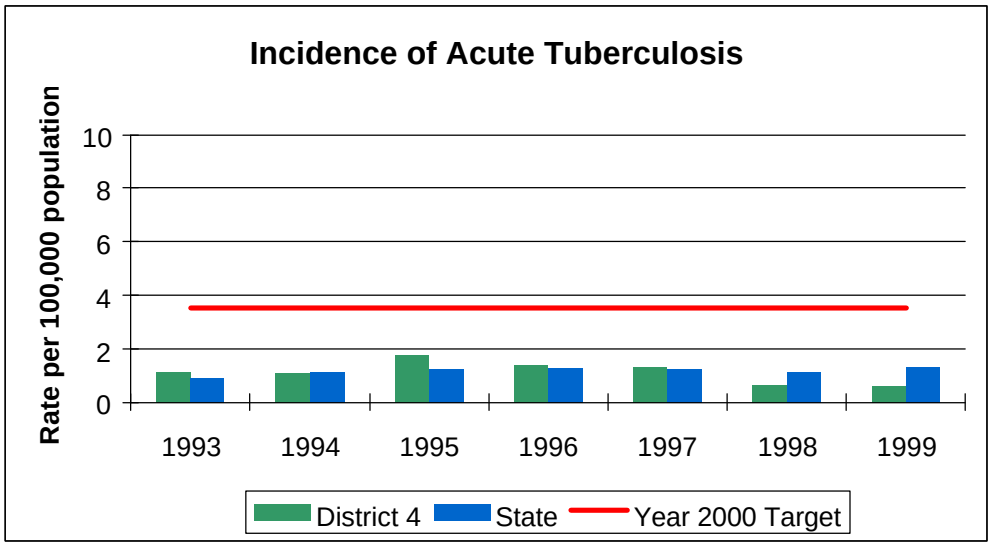
Age adjusted data not available until 2002.



Health District Objective:

Decrease the number of pertussis cases to 20 in a calendar year.

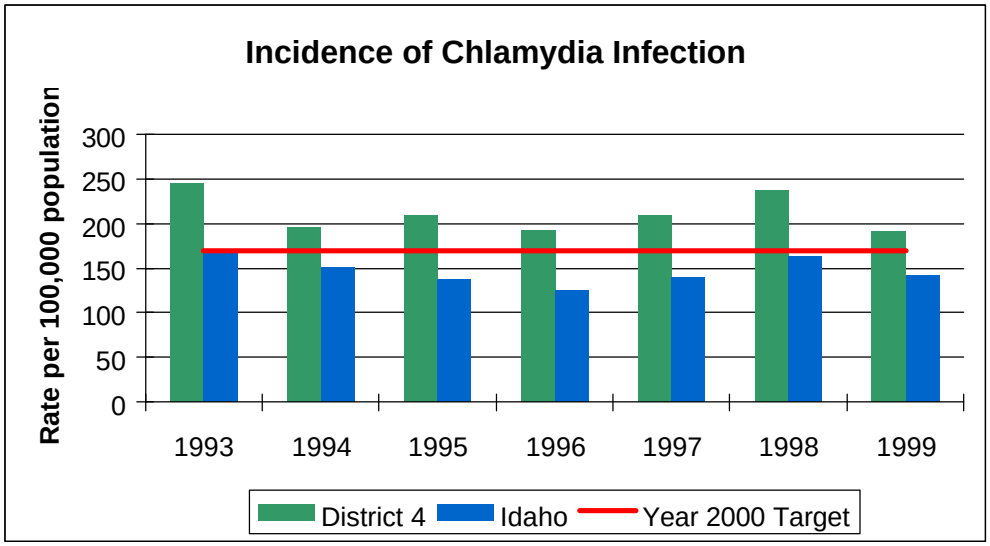
2000 data not yet available.



Healthy People 2000 Objective 20.4:

Reduce tuberculosis to an incidence of no more than 3.5 per 100,000 people.

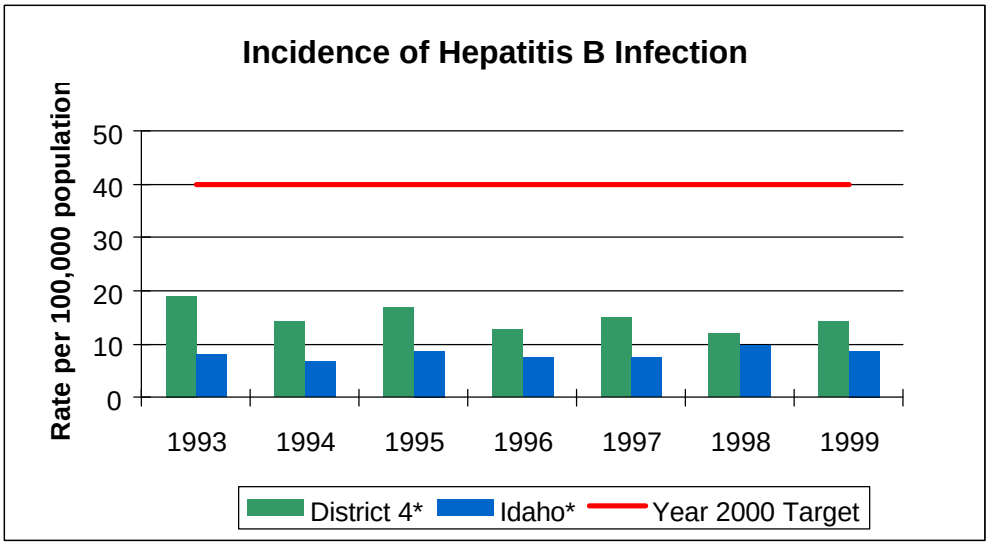
2000 data not yet available.



Healthy People 2000 Objective 19.2:

Reduce *Chlamydia trachomatis* infections to no more than 170 cases per 100,000 people.

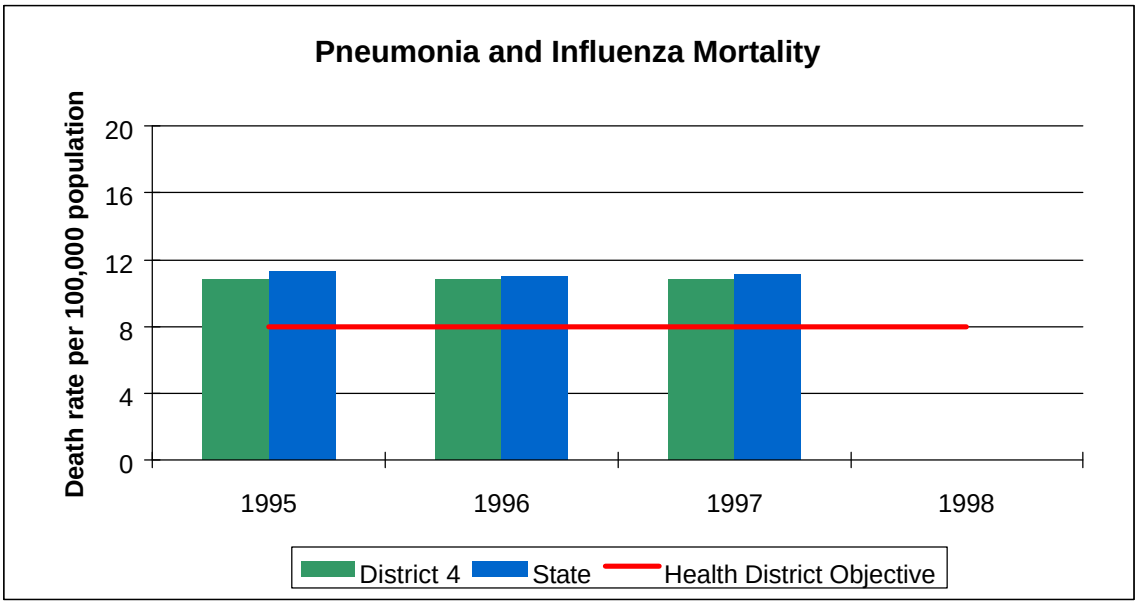
2000 data not yet available.



Healthy People 2000 Objective 20.3:

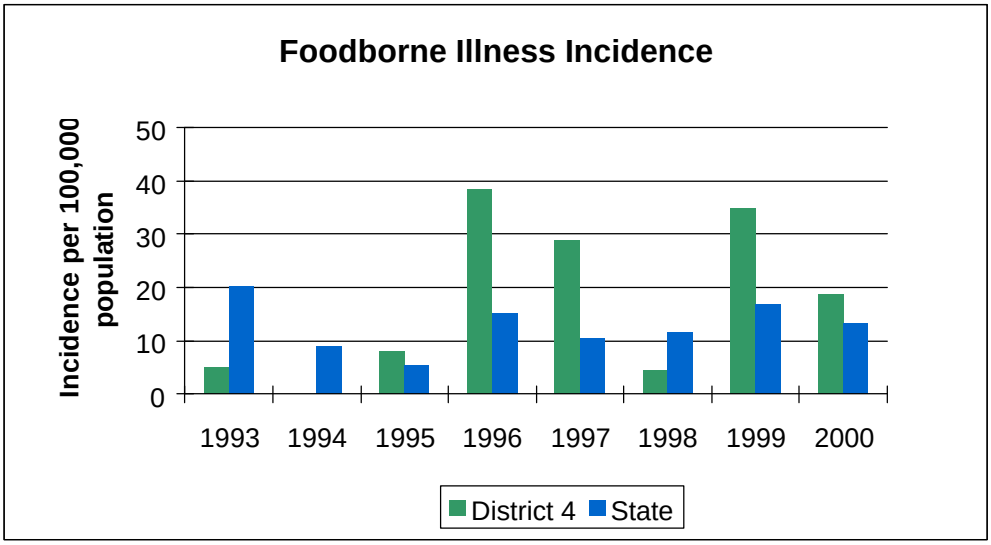
Reduce the incidence of hepatitis B to no more than 40 cases per 100,000 people.

2000 data not yet available.



Health District Objective:

Reduce pneumonia and influenza mortality to no more than 8 per 100,000.



Health District Objective:
Determine the baseline measure of foodborne illness incidence in District IV.
(District 4 number and rate for 1994 is 0.)

The incidence above is based on outbreaks reported to the State Office of Epidemiology Services. As noted under the review of the goals, District IV will be conducting a baseline assessment of District establishments that will allow comparison with recently published FDA baseline data.

Waterborne Outbreaks

OUTCOME INDICATOR			1995	1996	1997	1998	1999	2000	Health District Objective
Waterborne outbreaks (rate per 100,000 population)	District 4	Rate	0.1	0.1	0.0	0.0	0.0	0.0	Determine the baseline measure for waterborne outbreak rate per 100,000 population
		Number	1	1	0	0	0	0	
	State	Rate							
		Number							

Health District Objective:
Determine a baseline measure for waterborne outbreak rate (number per 100,000).
(State data unavailable)

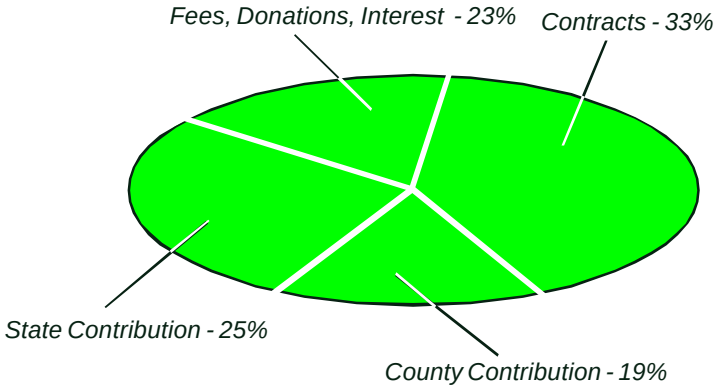
The rate for waterborne outbreaks is less than 0.1 per 100,000 people. Through our surveillance activities, we are always aware of changes in disease levels that may be indicative of an outbreak situation. Investigative information of illnesses are compared to determine the possibility of a common source between two seemingly unrelated cases.

FY 00 Financial Information

Idaho has a unique system for delivering public health services to its residents. Seven independent public health districts cover all of Idaho's 44 counties. Multiple funding sources ensure all residents are offered preventive public health services, no matter how small or large their county population. As an independent government entity, Central District Health Department must maintain its own cash flow. The FY00 revenue and expense data, a report of our cash on hand and long term debt obligation, are listed below:

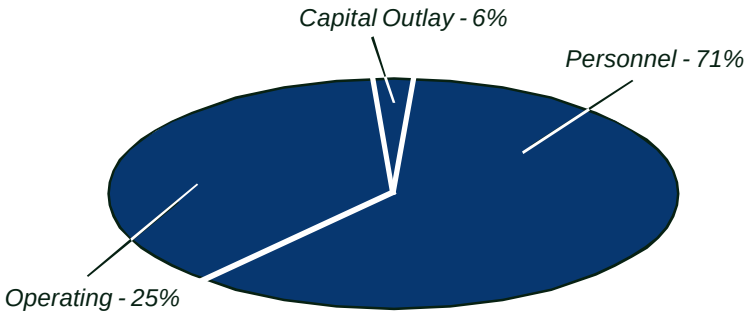
2000 Revenue

Contracts	2,494,077
State Contribution	1,860,579
Fees, Donations, Interest	1,787,116
County Contribution	1,421,413
Total Revenue	$ 7,563,185



2000 Expenditures

Personnel	5,395,246
Operating	1,862,035
Capital Outlay	337,630
Total Expenditures	$7,594,911



* Expenditures exceeded Revenue by $31,726 (0.4%)

Long Term Debt Obligations

CDHD owns 3 buildings in Boise, Mountain Home and McCall. Only the Boise office has a mortgage.

- As of 6/30/99 $360,140

Cash on Hand

Beginning Balance (7-1-99)	904,941
Plus: Cash Receipts	7,480,272
Less: Uses of funds	(7,547,593)
Ending Balance (6-30-99)	837,620
Less: Cash necessary for operating	(400,000)
Cash obligations & receivables	34,822
Ending Unrestricted Cash	$472,442

Ending Unrestricted Cash Designated As Follows:	
Building Fund	327,500
Capital Projects FY01	144,942
	$472,442

CDHD Program Teams Providing Health Services in District 4

Division of Environmental Health Services

Food Safety, Childcare Inspections, Sewage and Solid Waste, Pools, Foodborne Illness Epidemiology, Water Quality, and Land Development

Division of Family Health Services

Women, Infant and Children Program (WIC), Child Safety and Health, Reproductive Health/Family Planning, Sexually Transmitted Disease Clinics, HIV Counseling & Testing, Maternal and Child Health, Immunizations, Infant/Toddler Programs and Nutrition Counseling

Office of Health Services for Seniors

Senior Nutrition Program including Congregate Meals, Home Delivered Meals (Meals on Wheels), Medical Nutrition Therapy, and Community Volunteer Program

Office of Information Systems

Information Systems, Graphic Arts, Resistry / ImmuNet, Installation & Support, and Web Site

Office of Epidemiology & Surveillance

Strategic Planning, Public Relations, Communicable Disease Epidemiology, Disease Surveillance, GIS, Tuberculosis Control, Refugee Program, HIV/STD Epidemiology and partner notification, Safety Net for AIDS Program (SNAP), Community Relations, and Public Information

Office of Community Health Promotion & Education

Dental Screening, Diabetes Awareness, Child Car Seat Safety, Treasure Valley Safe Kids Program, Cancer and Injury Prevention, Tobacco Prevention Education, Adolescent Pregnancy Prevention, and Cholesterol Education

Division of Administrative Support Services

Financial Management, Information Systems, Marketing/Graphic Communication, Purchasing, Contract Management, Boise-McCall-Mountain Home Buildings, State Vehicles, and Quality Assurance

CDHD Administrative Team

Director (327-8502)	Kathy Holley, R.N.,B.S.
Administrative Support Services (327-8508)	Maggie Owens, C.P.A.
Human Resources (327-8503)	Janet Peck, B.B.A.
Management Assistant (327-8502)	Margaret Call
Environmental Health Services (327-8520)	Tom Turco, M.S., E.H.S.
Family Health Services (327-8580)	Cindy Trail, R.D., M.S.
Information Systems (327-8515)	Margaret Ross, B.S.
Office of Epidemiology & Surveillance (327-8506)	Dieuwke Spencer, R.N., E.H.S.
Health Services for Seniors (327-8544)	Angela Spain, R.D.
Office of Community Health Promotion & Education *(327-8546)*	Nancy Rush, R.D., M.S., M.B.A.

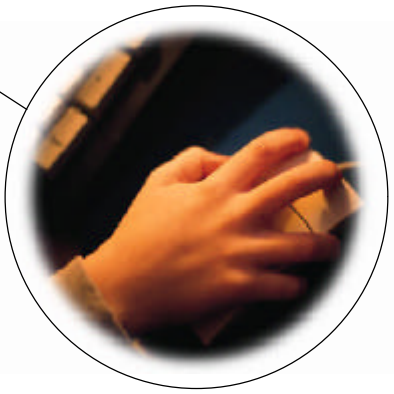
HEALTH SERVICES FOR SENIORS

FAMILY HEALTH SERVICES

ENVIRONMENTAL HEALTH

CENTRAL DISTRICT HEALTH DEPARTMENT

EPIDEMIOLOGY & SURVEILLANCE



INFORMATION SYSTEMS

HEALTH PROMOTION & EDUCATION

Ada & Boise County Office
707 N. Armstrong Pl.
Boise, Idaho 83704-0825
Tel. (208) 375-5211

Elmore County Office
520 E. 8th St. North
Mountain Home, Idaho 83647
Tel. (208) 587-4407

Valley County Office
703 N. 1st
P.O. Box 1448
McCall, Idaho 83638
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CENTRAL DISTRICT HEALTH DEPARTMENT

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